

WATER WELL REPORT

Start Card No. 30 3E 5 D

STATE OF WASHINGTON

Water Right Permit No. 30 3E 5 D

(1) OWNER Name O-21-PA WATER DIST Address 2484 S.W. Camino de Camano, IS

(2) LOCATION OF WELL County ISLAND NW 1/4 NW 1/4 Sec 5 T. 30 N. R. 3E WM

(2a) STREET ADDRESS OF WELL (or nearest address) SAME AS ABOVE

(3) PROPOSED USE ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK Owner's number of well (if more than one)
Abandoned ☐ New well ☐ Method ☒ Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☒ Rotary ☐ Jetted ☐

(5) DIMENSIONS Diameter of well 6 inches
Drilled _____ feet Depth of completed well _____ ft

(6) CONSTRUCTION DETAILS

Casing installed ☒ Welded ☒ 6 Diam from _____ ft to _____ ft
Liner installed ☐ Threaded ☐ Diam from 42 ft to 223 ft
Diam from _____ ft to _____ ft

Perforations Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in by _____ in

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

_____ perforations from _____ ft to _____ ft

Screens Yes ☒ No ☐

Manufacturer's name Smith

Type 5/8" STEEL Model No. _____

Diam 6 Slot size 12 from 222 ft to 227 ft

Diam 6 Slot size 12 from 227 ft to 232 ft

Gravel packed Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft to _____ ft

Surface seal Yes ☐ No ☐ To what depth? _____ ft

Material used in seal _____

Did any strata contain unusable water? Yes ☒ No ☐

Type of water? SALTY Depth of strata 252

Method of sealing strata off PLUGGED

(7) PUMP Manufacturer's Name UNKNOWN

Type SUB H P _____

(8) WATER LEVELS Land surface elevation above mean sea level _____ ft

Static level 220 ft below top of well Date 12/21/91

Artesian pressure _____ lbs per square inch Date _____

Artesian water is controlled by _____ (Cap valve etc.)

(9) WELL TESTS Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes by whom? _____

Yield _____ gal / min with _____ ft drawdown after _____ hrs

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test _____

Bailer test 12 gal / min with 3 ft drawdown after 2 hrs

Artest _____ gal / min with stem set at _____ ft for _____ hrs

Artesian flow _____ g p m Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation Describe by color character size of material and structure and show thickness of aquifers and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information

MATERIAL	FROM	TO
<u>BLUE CLAY</u>	<u>210</u>	<u>225</u>
<u>BROWN SAND (COARSE)</u>	<u>225</u>	<u>232</u>

ORIGINAL SCREENS WERE
SET BETWEEN 242'-252'
PULLED THOSE OUT & SET
NEW ONES AT A HIGHER
SETTING BETWEEN 222'-232'

RECEIVED

MAR 02 1993

ISL CTY HEALTH DEPT

RECEIVED

MAR 23 1992

DEPT OF ECOLOGY

Work started 11/26/91 19 92 Completed 12/21/91 19 92

WELL CONSTRUCTOR CERTIFICATION

I constructed and/or accept responsibility for construction of this well and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WATKINS WELL DRILLING CO. (PERSON FIRM OR CORPORATION) (TYPE OR PRINT)

Address 580 N SANSET DR CAMANO ISLAND

(Signed) [Signature] License No. 0516

Contractor's Registration No. WATKINS 1342 Date 1/23/92 19 92

(USE ADDITIONAL SHEETS IF NECESSARY)



Well Tagging Form

Unique Well Tag No: _____

AGA 714

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

Sec # 1

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name OZI-YA DIV #2 W.S Last Name _____
62600-9
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address BEHIND 699 AWA/WEELS RD
 City _____ County _____
 T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

State Health

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

12" CASING INSIDE CONC TUBE W/CONC LID SITE DIFFICULT
TO FIND - MUST GO AROUND
TO FIND - MUST CROSS BACK YARD AND WALK BACK
TOWARDS WOODS

Location of Well Identification Tag

Handwritten signature

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

	C	B	A
	F	G	H
	L	K	J
	P	Q	R

Scale 1 24 000 (1'=2,000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One Application Permit Certificate Claim Exempt